

Criteria for appointment to the GUM complex clinics

All referrals to GUM complex clinics should meet the criteria below. Clients referred from outside the service who do not seem to meet these criteria may be booked into an integrated clinic first to have appropriate investigation and a decision made about whether referral to GUM complex clinic is required.

Please include as much relevant information as possible in your referral to reduce duplication for your patient.

Referrals are all vetted by a senior clinician and allocated to the most appropriate clinician or service, which might include specialist services such as Young people's service, SRP, sexual problems service, Archway or the Brownlee OPD.

Referral Criteria for Complex GUM clinics at Sandyford Services

- Recurrent HSV – problematic case requiring specialist input; most suppression initiation is done in integrated clinics.
- Recurrent NSU – if refractory (ie. 3 or more proven episodes or failure to respond to 2 antibiotic courses) or other complicating factors, already investigated
- Recurrent Candida – atypical organisms/Uncertainty of Diagnosis or difficulty in management

NB. Work up of recurrent discharge incl. SAB/HVS should be done in integrated clinic unless this has already been done by the GP

- Recurrent vaginal discharge if uncertainty of diagnosis following full work up

NB. Work up of recurrent discharge incl. SAB/HVS can be done in integrated clinics or by GP

- Recurrent vulvitis/ vaginitis. If clear diagnosis of vulvodynia should be referred to Medical Gynaecology
- Recurrent balanoposthitis/ genital skin condition of known aetiology, unlikely to require biopsy
- Male complex GU symptoms including chronic pelvic pain syndrome
- Patients requiring senior clinical decision making because of diagnostic uncertainty after investigation; please make this clear in referral letter
- Genital warts – refractory to treatment offered in integrated clinics (liquid nitrogen cryotherapy, podophyllotoxin or imiquimod), if not suitable for referral for surgery

Men with the following symptoms can be referred to GUM dermatology clinic:

Likely inflammatory penile dermatosis (eg: lichen sclerosis, lichen planus, lichen simplex, eczema, psoriasis). **NB.** If the clinician is confident of the diagnosis, then topical steroid may be commenced in the interim.

Non-healing ulcerative lesions that are HSV/syphilis PCR negative lesions suspicious of penile intraepithelial neoplasia or squamous cell carcinoma (urgent referral required) unusual lesions where there is diagnostic uncertainty

Women with genital dermatological issue – refer to Medical Gynaecology

NB. Men and women with Pigmented lesions should be referred directly to Dermatology as they are able to perform dermoscopy and biopsy may not be indicated.

SRP Consultant Clinic – MSM clients only

- Complex follow up after Post-exposure prophylaxis after Sexual Exposure (PEPSE)
- Discussion of pre-exposure prophylaxis (PrEP) (interim measure until Board pathways defined).
- MSM client requiring discussion about complex sexual risk (Chemsex issues/ High risk behaviours/vulnerable clients)
- Client with any of the conditions that would be eligible for referral to complex GUM clinic who wishes to be seen within the dedicated MSM service